

Overview of Kentucky's State Performance Plan Development Process

Part 1: Broad input from stakeholders

Input from stakeholders in Kentucky has been an on-going process since the program was transferred from the Commission for Children with Special Health Care Needs to the Department for Public Health in July 2004. In spring of 2004 a large workgroup was selected to re-design the First Steps program. That process was described in Kentucky's 2003 APR documents. As a follow-up to the initial workgroup, three sub specialist workgroups were formed to address long term issues that remained from the initial workgroup's recommendations. In November/December 2004, the three workgroups were formed in Kentucky made up of parents, providers, state staff, contracted staff, ICC members, Point of Entry, Primary Service Coordinators, Primary Level Evaluators, and Intensive level Evaluators. All geographic areas of the state were represented, urban as well as rural. Each group had a program area to examine: Evaluation and Assessment (41 members); Service Coordination (51 members); and Covered Services and Payment (31 members). The groups met independently to work and then reconvened in December 2004 to report their findings to the whole group. There were 33 separate recommendations for program improvement. Those recommendations were reviewed by the central office staff. Recommendations that would not comply with federal or state statute and/or regulation were eliminated. The remaining recommendations were categorized as "immediate", "short term" and "long term". Immediate recommendations were implemented and the other recommendations were referred to the State Performance Plan work group.

The State Performance Plan (SPP) work group consisted of state staff, contracted staff, ICC representative, Point of Entry representative, parents, program consultants and program evaluators. The 19-member group held a one-day retreat on July 7, 2005. They reviewed a draft document of the then "proposed" SPP. Next they reviewed all of the proposed recommendations from the three previous workgroups, discussed how those might support sections of the SPP and sorted them over a 6-year time line. The group reconvened in August of 2005, after state staff had attended the OSEP Summer Institute to obtain training on how to complete the SPP. The SPP document itself was examined and potential data sources, targets, activities, timelines and resources were discussed for each Indicator.

The SPP workgroup met as a large group on five occasions, with several weeks in between meeting dates for gathering data, researching, writing drafts and reviewing other's drafts. Our federal OSEP officer, Mary Williams, made a visit to the state in October 2005 to provide guidance and to assist with the development of the SPP.

To obtain even broader stakeholder input on the SPP, though difficult to schedule given the short timeline for the SPP, the following activities were completed. Representatives of the SPP workgroup met with the following groups to solicit input and recommendations

around all aspects of the SPP: the potential data sources, measurable and rigorous targets, improvement activities, timelines and resources.

8/25/05 – Met with early intervention providers and parents attending the Infant Toddler Conference in Lexington, KY: over seventy (70) attendees gave input

9/8/05 – Met with the ICC: eighteen (18) attendees gave input

9/22/05 – Met with statewide First Steps Technical Assistance teams (Program Consultants, Parent Consultants and Evaluators) – twenty-three (23) attendees gave input

10/11/05 – Met with Point of Entry personnel – forty-four (44) attendees gave input

10/26/05 - Draft documents sent to SPP workgroup, the seven (7) Technical Assistance Teams, the Interagency Coordinating Council (ICC) and three (3) providers from each of the fifteen (15) Kentucky districts for further review and comment.

11/10/05 Final document presented to ICC for approval

11/11/05 Final document submitted to Department for Public Health/Cabinet for Health and Family Services for approval

Part 2: Dissemination of the SPP to the public

The SPP will be published on the First Steps website when it is submitted to OSEP. The web address is: <http://www.chfs.ky.gov/dph/firststeps.htm> . In addition, it will be e-mailed to the University Technical Assistance Teams and the ICC with instructions to share the document with the District Early Intervention Committees and any other interested parties in the state. Interested parties without web access can contact the central office or any of the seven (7) regional technical assistance teams for a copy. In addition, all of the public libraries in Kentucky have web access, so anyone in Kentucky could access the web and thus the report at the local public library. The same dissemination method will be used annually with the Annual Performance Reports (APR) to report to the public. The APR will be an annual report on the progress and/or slippage in meeting the ‘measurable and rigorous targets’ found in the SPP. Because the SPP process is new, an overview of the SPP will be among the topics presented to providers attending optional provider forums planned throughout Kentucky in the fall of 2005. Final arrangements for those forums were not complete at the time of the submission of the SPP, but the intent is to offer optional provider forums in several locations throughout the state.

OSEP also requires that states report annually to the public on the performance of each early intervention service program (EIS program) located in the State on the targets in the SPP. Kentucky’s early intervention program (First Steps) is not organized by smaller “service program” entities in the state. Rather, Kentucky provides services through a network of approximately 2,500 individually contracted providers. Some of those providers work for ‘agencies or companies’ within the state, but the majority are independent individual contractors. Reporting on each individual provider would not provide the data necessary to assess regional trends and/or problems and would be unwieldy. Kentucky’s Point of Entry system is divided into 15 districts, which follow the boundaries of the state’s Area Development Districts. (See attached map). Kentucky will report data by those 15 districts, considering each district to be an ‘EIS program’ even though they are each

constituted of many independent providers. Each of the 15 districts houses one Point of Entry (POE) site and those will be considered to be 'EIS programs' to report any data related to POE (i.e. 45-day timeline). Thus any POE data will be representative of that district. To report that district data to the public, the information will be posted by each of the 15 districts on the Central Billing and Information System's (CBIS - the data manager for First Steps) web site. The web address is: <http://cbis.louisville.edu/>. On the home page, they would click on "District Profile Data". In addition, a reference to the data will be found on the First Steps web site in the same section as the SPP and APR documents with a link to the CBIS website, so the public who visit the First Steps website can more easily connect to CBIS to view the state-wide data reported in SPP/APR broken out by district.

RES-2 (Rev. 8-05)

Point of Entry Locations 1-800-442-0087				
Purchase District 2850 Adams St Paducah, KY 42061 (270) 442-5831 (800) 648-6590	Pennyrile District 286 W. 15 th St Hopkinsville, KY 42240 (270) 886-5186 (800) 609-0047	Green River District 1600 Breckinridge St Owensboro, KY 42303 (270) 686-5982 (881) 686-1414	Barren River District 1903 Western Ave. Ste. 1 Bowling Green, KY 42104 (270) 346-9941 (800) 643-6233	Lincoln Trail District 1308-A Woodland Drive Elizabethtown, KY 42701 (270) 737-5921 (800) 678-1879
Kentuckiana District 3717 Taylorsville Rd Louisville, KY 40229 (502) 459-0225 (800) 442-0087	Northern KY District 2614 Eastern Ave Covington, KY 41004 (859) 815-1085 (888) 300-8866	Buffalo Trace District 7318 Kenton Station Rd Mayesville, KY 41056 (606) 759-5510 (800) 335-4249	FIVCO District Summit Plaza Box 11 Ashland, KY 41102 (606) 929-9155 ext. 17 (800) 650-1329 ext. 17	Gateway District 39 Cedar Creek Drive Owensboro, KY 40366 (606) 676-3204 (800) 718-0378
Big Sandy District P.O. Box 279 Hazard, KY 41659 (606) 478-8572 (800) 230-6611	KY River District 115 Rockwood Ln Hazard, KY 41701 (606) 478-1325 (800) 328-1767	Cumberland Valley District P.O. Box 568 Corbin, KY 40702 (606) 523-0229 (800) 599-9559	Lake Cumberland District 259 Parkers Mill Road Somerset, KY 42581 (606) 678-2821 (800) 378-2821	Bluegrass District 3181 Caster Drive Ste 4 Lexington, KY 40517 (502) 271-9448 (800) 454-2304



Part 3: Report of Record Review process to exceed service limits

In the OSEP letter dated September 8, 2005, written in response to Kentucky's FY 2003 APR, OSEP expressed concerns that Kentucky's new procedures regarding the use of the Record Review Team may result in the (Individualized Family Service Plan (IFSP) teams

not identifying all needed early intervention services on the IFSP. For that reason OSEP wants data from the Record Review process for FY 2005 (July 1, 2004 through June 30, 2005). OSEP has requested the following:

1. The number of service requests submitted by IFSP teams to the Record Review Team pursuant to 911 KAR 2:200, Section 3(4) for a recommendation regarding early intervention service units that exceeded the preauthorized amounts.

In FY 2005 IFSP teams in Kentucky submitted two hundred sixty-five (265) requests to the Record Review Team to exceed the preauthorized number of units.

OSEP further defined a service request to mean if a team submits a request to exceed the preauthorized amounts for both speech and physical therapy for one child, that request should be counted as two requests. Kentucky was unable to interpret our data in that manner for the following reason. The preauthorized service amounts given to IFSP teams are 96 units (1 unit = 15 minutes) if the child is getting only 1 therapeutic intervention service, 144 units if the child is getting more than one therapeutic intervention service and 192 units of group services. Three (3) of the 265 IFSP team submissions for Record Review involved a child who was getting only one therapeutic intervention service (96 units are preauthorized in that case). Each of these three were requesting an increase in speech therapy only and in each case the Record Review Team recommended the number of additional units requested by the IFSP team.

Kentucky does not define how the 144 preauthorized units are to be allotted; each team determines that based on the individual child's needs, so it is impossible for Kentucky to determine from the IFSP team's request, exactly which particular therapeutic intervention service "exceeds the preauthorized amount". Those 144 units could have been configured by the IFSP team in a multitude of ways when there are two or more therapies involved. The requests are submitted to Record Review as a complete package of services, an IFSP service plan with units assigned to each intervention area; the team does not indicate which units in which intervention area are in "excess of the preauthorized amount". The team does indicate how many units of each service they are requesting and that the total number of units exceeds 144, but they do not specify which units are the ones that cause them to exceed the 144 preauthorized units. Therefore the data reported counts each complete submission of records from an IFSP team to the Record Review Team as one request.

2. Of the number of service requests in number one above, provide the number of approved recommendations from the Record Review Team and the number of disapproved recommendations from the Record Review Team.

The number of Record Review requests in which number of units recommended by the Record Review Team equaled the number of units requested by the IFSP team was twenty-one (21). In the other two hundred forty-four (244) records reviewed, the Record Review Team recommended a different amount of units. The Record Review Team did not "disapprove" IFSP Team requests per se, the Record Review Team did recommend a total amount of units that the team should have and how those units should be allocated to each therapy. The IFSP team was allowed the total number of units recommended, but

was not bound to the allocation plan for those units recommended by the Record Review team. The IFSP team could choose to allocate that total amount of service units in any configuration of therapies they determined would meet the child's needs. (For instance, if Record Review recommended 150 units total, with 50 of those for Speech Therapy, 50 of those for Physical Therapy and 50 of those for Occupational Therapy, the IFSP team could meet and approve that recommendation. Or, the IFSP team could meet and determine that the child really needed the 150 units in another manner: 70 units of Speech Therapy, 30 units of Physical Therapy and 50 units of Occupational Therapy.)

3. Of the number of service requests in number two above that were disapproved by the Record Review Team, the number that the IFSP team determined should nevertheless be implemented based on an IFSP team decision as well as the number that were disapproved and were not identified on the child's IFSP by the IFSP team.

In Kentucky's Record Review process, if the IFSP team does not agree with the recommended number of units from the Record Review Team, they request a "Reconsideration of the Record Review Recommendations". So in no case would there be services "disapproved" and not identified on the Child's IFSP by the IFSP team. If the IFSP team felt the child needed more services than Record Review authorized, they have two more opportunities to get those services authorized. In FY 2005 there were thirty-four (34) requests from IFSP Teams for Reconsideration. The Reconsideration requests are submitted to the Part C Coordinator. A three-person team from the Department for Public Health, Division of Adult and Child Health Improvement, including the division director renders a recommendation. (Again at this level, the IFSP team is free to allocate the number of units recommended in any manner they determine meets the child's needs). The IFSP team meets and accepts or rejects that recommendation. If the IFSP team is not in agreement with the Reconsideration recommended number of units, the IFSP team then reconvenes for an IFSP meeting with a representative from the record review team and a representative from the three-member reconsideration team. If the IFSP team concludes at that IFSP meeting that the services are still needed, the IFSP team writes the services into the IFSP and payment for those services is authorized by First Steps. In FY 2005, three (3) IFSP teams did not agree with the reconsideration recommendations, so the IFSP team met with representation from Record Review and Reconsideration teams in attendance and agreed upon a plan of service to meet the child's needs. All services on the agreed upon plan were authorized for payment by First Steps.

4. For those that were disapproved and not identified on the child's IFSP, an explanation for why the service was not identified.

In FY 2005 there were zero (0) cases where services were disapproved and not identified on a child's IFSP. In all cases, the IFSP team reviewed and accepted the recommendations of Record Review or Reconsideration or the IFSP team met with First Steps staff in attendance. In all cases, an IFSP plan was developed by the IFSP team and all services on the plan were authorized for payment by First Steps. In Kentucky, the IFSP team always makes the final determination of needs and services – even when they ask for recommendations to increase the amount of service units from the Record Review or Reconsideration Teams.

Part 4: How programs are selected for monitoring

First Steps Program Evaluation staff reviews all enrolled providers through a random selection process at least once every two years. Providers are selected for monitoring based on length of time since their last review, complaints, or billing concerns that are communicated from the First Steps Financial Administrator. In addition, when new providers enroll in the First Steps system, the Program Evaluator makes note of that and schedules them for review within one year of beginning service.